

*A FEDERAL COURT ORDERED THIS NOTICE.
THIS IS NOT A SOLICITATION FROM A LAWYER.*

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
Richmond Division

Exclusion Request – Henderson Settlement Administrator
Receive No Settlement Benefits

(If you choose this option, you will not receive a settlement check)

To exclude yourself from the settlement, you must complete the attached Exclusion Request, selecting “I am opting out” where indicated, or send a letter stating that you want to be excluded from the settlement of the *Henderson v. Verifications, Inc.* case. Be sure to include: (1) the name of this lawsuit, *Henderson v. Verifications, Inc.*, Civil Action No. 3:11cv514; (2) your full name, current address, telephone number, and last four digits of your Social Security number; (3) a statement of intention to exclude yourself from the settlement; and (4) your signature.

You must mail your Exclusion Request so that it is postmarked no later than _____, to:

Exclusion Requests – *Henderson* Settlement Administrator
Address
Address

FILL OUT AND RETURN THIS FORM ONLY IF YOU WISH TO EXCLUDE YOURSELF FROM THE SETTLEMENT. IF YOU WISH TO PARTICIPATE IN THE SETTLEMENT, YOU DO NOT NEED TO RETURN THIS FORM.

I am opting out of the Settlement in *Henderson v. Verifications, Inc.*, Civil Action No. 3:11cv514.

Full name: _____

Current address: _____

Phone number: _____

Last four digits of SSN: _____

Signature

Henderson v. Verifications, Inc.

Settlement Administrator

Address

Address

CLAIM FORM

Henderson v. Verifications, Inc.
3:11cv514 (E.D. Va.)

ID

Your Unique Claim Number:

First Name M.I. Last Name

Street Address 1

Street Address 2

City, ST Zip Code

If the Court approves the settlement and you do nothing, a check in the approximate amount of \$ _____ will automatically be mailed to you. If you instead submit this claim form for your actual damages and the claim is determined to be valid, you will receive a cash payment for your damages. The amount of the cash payment will be determined as described in Section VIII of the Settlement Agreement.

The claim form must include some “proof” that you actually incurred damage or harm as a result of inaccurate information in a background check prepared by Verifications, Inc. You do not need to prove the amount of your injury, only provide reasonable proof that it occurred. Completing and signing this form is an acceptable way to provide “proof” that you incurred damage or harm.

Claims may be filed by deceased Class Members through representatives of their estates. If you are submitting a claim on behalf of a deceased Settlement Class Member, you must submit appropriate documentation with this claim form demonstrating that you are duly authorized to do so.

The deadline to submit a claim is 14 days following Final Approval. This deadline will be no earlier than _____.

The actual claim deadline will be posted when it becomes known at www.VerificationsSettlement.com

Section 1: Your Personal Information

First Name

MI

Last Name

Mailing Address _____

City _____ State _____ Zip Code _____

Section II: Additional Information

Social Security Number (required)

Date of Birth (required)

Telephone Number (required)

Email Address (optional)

Henderson v. Verifications, Inc.

Settlement Administrator

Address

Address

Section III: Your Damages Information

I believe that I suffered actual damages as a result of inaccurate information in a background check provided to my employer or my prospective employer by Verifications, Inc.

Name of Employer/Prospective Employer _____

As a result of inaccurate information in my background check (*check all that apply*): _____

- () My employment application was denied (I did not get the job).
- () I was terminated by my employer (I was fired).
- () I was unable to obtain a security clearance or had such clearance delayed.
- () I received the job or was not fired, but was required to explain inaccurate information in my background check or take other steps and/or suffered other harm as a result of the inaccurate information.

You must select one of the following two options.

- A. I have included a letter or other document with this claim form from the employer listed above stating that I was fired, not hired or suffered some other adverse employment action, **OR**
- B. The following is my written explanation of the damages I suffered as a result of inaccurate information in a background check provided to my employer or prospective employer by Verifications, Inc. This written explanation must be sufficient for the Settlement Administrator to confirm your claim.

----- (Attach additional pages as needed.)

Section IV: Signature

My signature below certifies that to the best of my knowledge the information I have provided is truthful and correct.

Signature: _____

Date: _____

Submitting Your Claim

Claim Forms must be mailed to:

Henderson v. Verifications, Inc. Settlement Administrator

Address

Address

You may also submit your claim online at www.VerificationsSettlement.com.

Questions? Visit WWW.VERIFICATIONSSETTLEMENT.COM

Henderson v. Verifications, Inc.

Settlement Administrator

Address

Address